

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

97 NOV -3 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400019101

1. Corporation Name

CHOICE DENTAL CARE, INC.

Principal Place of Business
15810 W. ST. RD 84
FT. WUNDERDALE, FL 33326

Mailing Address
15970 W. ST. RD 84 #117
FT. WUNDERDALE, FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/07/94	
City & State		City & State		5. FEI Number	
Zip		Zip		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ALEXANDER BUCHWALD	3205 NE 184 th ST. #9305	AVENTURA, FL 33160
V/S	JASON BUCHWALD	3205 NE 184 th ST. #9305	AVENTURA, FL 33160
			700002338877--3 -11/05/97--01067--031 ***1088.75 ***1088.75
			REINSTATEMENT 95-97
			A. alar
			11/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXANDER BUCHWALD 3205 NE 184 th ST. #9305 AVENTURA, FL 33160		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent ☒  REGISTERED AGENT MUST SIGN

Date 10/28/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: ☒  ALEXANDER BUCHWALD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97
Date

954-412-5669
Daytime Phone #

CR25040 (12/96)